Making rotational field placements work:

Review of a successful pilot of rotational field placements in hospital settings

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Abstract: This paper describes the development and successful pilot of rotational placements by the social work faculty of a large Canadian university. Modifications required for the pilot are discussed, particularly related to recruiting settings, enlisting field instructors and students, developing new field materials, training field instructors in the model and developing an evaluation tool used by field instructors and students. The strengths, limitations and lessons learned from the experience are discussed as well as the potential usefulness of rotational placements as an approach to addressing resource challenges in field education.

Keywords: field instruction; graduate social work field education; health care placements

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Introduction

Social work practice and education face a number of ongoing challenges, including decreased fiscal and human resources in both settings. At the same time, the number of schools offering social work programs has grown resulting in an increased number of students admitted to programs (CASWE, 2011; CSWE, 2011). There is tremendous pressure on the practice community to educate and supervise more students, without additional resources or reductions in social workers' workloads (Lager & Robbins, 2004; Wayne, Bogo & Raskin, 2006).

Social work practice in hospital settings has faced numerous well-documented challenges over the past two decades. Rising costs associated with medical care have resulted in restructuring of hospital organizations, elimination of departments of social work and loss of social work positions (Silverman, 2008; Mizrahi & Berger, 2005). Patient stays have shortened and hospital social work practice is becoming more crisis focused, shorter term and directed toward rapid discharge of patients (Judd & Sheffield, 2010; Nelson, Sawarna, Jackson, MacKenzie Davies & McCloskey, 2009). The challenges have also impacted field placements in hospitals, where social workers' increasingly complex case responsibilities, in both volume and acuity of caseload, leave little time for the education of students (Globerman & Bogo, 2002).

Rotational field placements have been described in the social work literature for well over 25 years (Gough & Wilks, 2011; Dalgleish et al.,1976; Cuzzi et al.,1997; Spitzer et al., 2001; Ivry et al., 2005). Such placements depart from the standard approach of one student assigned to one field instructor in one setting. Instead a rotational model is used, similar to rotations for students in medicine and other health professions. In this approach the time commitment for individual field instructors may be abbreviated and students receive a broader exposure to clients in a range of settings, medical specialties, and clinical interventions. The student learning experience more closely mirrors the realities of twenty-first century social work practice in health care, which demands broad experience, eclectic skills and the ability to problem solve in a fast-paced environment (Judd & Sheffield, 2010; Nelson, et. al , 2009) . Despite positive experiences with rotational placements reported by students and instructors over the years, other than its use in gerontology placements in the United States there is little evidence of increased adoption of the model (Gough & Wilks, 2011; Ivry et al., 2005). Despite a growing demand for social work field

placements, there seems to be reluctance to employ this or other models of field instruction that move away from a traditional one-to-one, long term student-field instructor model (Globerman & Bogo, 2002; Ivry et al., 2005; Wayne et al., 2006).

This paper will describe the development and successful pilot of rotational placements by a social work faculty of a large Canadian university. Modifications required for the pilot will be discussed, particularly related to recruiting settings, enlisting field instructors and students, developing new field materials, training field instructors in the model and developing an evaluation tool used by field instructors and students. The strengths, limitations and lessons learned from the experience will be discussed as well as the potential usefulness of rotational placements as an approach to addressing resource challenges in field education.

Literature review: Origins of the rotational model

Dalgleish and colleagues (1976) first described rotational field placements for social work students in hospital settings, designed to develop the necessary skills for hospital social work practice. The model mirrored the rotations of medical students through a variety of specialisms; specifically students circulated through three, two-and-a-half month long placements including those in acute medical care, chronic care and mental health or addictions programs. Each rotation was supervised by a different field instructor, with the faculty field liaison remaining constant. Evaluation of the model revealed that students appreciated the broad exposure to social work practice in a hospital setting, although they wanted longer and more intensive involvement with instructors and patients. Field instructors reported similar mixed feelings and concern about the suitability of short-term instruction for struggling students and the time required to orient students to each rotation.

Rotational field placements again appeared in the social work literature in the work of Cuzzi and colleagues (1996; 1997). These authors compared students in traditional, year-long hospital placements with those in three 10-week hospital rotations on overall self-efficacy and self-efficacy in hospital social work. Despite limitations of self-evaluation and small sample size, the scores of the two groups on the measures did not differ significantly. Students in both groups expressed satisfaction with their

particular placement experiences and noted advantages to the specific model they participated in. Further piloting of the model (Spitzer et al., 2001) yielded similar positive feedback from students and instructors. The authors noted that despite positive learning outcomes and student satisfaction with rotations, it was discontinued in one of the settings and not taken up widely in field education.

Rotational placements have found a strong base in gerontology services in the United States. With the financial support of the John A. Hartford Foundation, rotational placements have been developed to train students in geriatric social work (Gough & Wilks, 2011; Ivry & Hadden, 2003; Ivry et al., 2005), providing them with broad exposure to the range of problem areas and services available for seniors. The rotational model is built on a strong partnership between the university and field settings and in some pilot sites funding for a core field instructor, who oversaw all rotations, provided an integrated view of the placement. This instructor also completed the final evaluation of students' learning. The model has the advantage of customizing placement experiences to each student's educational needs. Students and field instructors have praised the value of the learning experience offered by this model (Gough & Wilks, 2011).

In summary the benefits from rotational models of field placement include the breadth of experience, the opportunity to learn from a variety of instructors, and the compressed time involvement for individual field instructors. Common concerns are that it does not offer the long-term learning relationship common in field instruction nor the depth of practice experience. Despite the growing need for new approaches to field instruction and the success of the rotational model, there remains reluctance to stray from more traditional models of field instruction (Wayne et al., 2006).

Development of the pilot

The pilot described in this paper was a partnership between a social work faculty of a large Canadian urban university and four teaching hospitals in the greater metropolitan area. This area experienced doubling enrolment in the MSW program and the local establishment of two new graduate programs, simultaneous with the hospitals decreasing the number of practitioners willing or able to take on students, likely due to continuous fiscal constraints, organizational amalgamations, and increased workload

expectations (Globerman & Bogo, 2002).

To address the need for more student placements, a collaborative process between the practicum office and its advisory committee (Association of Teaching Centers Committee; ATCC) took place. This included an examination of alternative models of field instruction such as summer block placements, supervision of two students by one field instructor as well as this pilot of rotational placements. In the context of choosing to offer a rotational model, a planning committee of hospital representatives and practicum staff identified tasks: 1) development of new practicum materials, such as templates to describe the placements, student learning contracts, and a more concise evaluation tool; 2) development of methods for recruitment, orientation, and training field instructors in the new approach; and 3) development of an evaluation of the pilot. To recruit and support enthusiasm for the new model in field instructors a three-hour session was delivered jointly by practicum staff and committee representatives to review the elements in the model, discuss questions and concerns, and allay apprehension. Additional sessions were held at mid-term and at the end of the placements, in anticipation of additional issues. Similar meetings were also held with students to explain and clarify the model at the time of selection of placements and at several times during the academic year.

The pilot program

The pilot involved fourteen students and thirty-three field instructors, carried out as full rotations in a 'within-organization model' (Gough & Wilks, 2011, p.3). Students were placed in one hospital and rotated through two or three areas. In the majority of placements there was a clear connection between the departments involved in the rotations. Examples included oncology placements, with students moving from inpatient to outpatient units; transplant placements, with students moving between types of transplant (such as liver, kidney, heart) and stages of transplant (pre/during/post surgery); gerontology placements, with students moving between physical support and cognitive support; medical placements, with students moving among three medical units; and mental health, with students moving through in-patient and outpatient mental health units.

Contracting, supervision and evaluation

At the start of the placement students identified goals for learning and with the assistance of their first field instructor developed a learning contract outlining overall learning objectives suited for all the rotations in the placement. The document was shared with all field instructors involved in the student's placement. Objectives, tasks and methods of evaluation were then established for each individual rotation. The document was able to be modified at any time, and especially when shifting in rotation. The rationale was that modifications might be required if more or less progress was achieved in a rotation, or if a new opportunity for learning arose. While all instructors were involved in the contracting at the start of the placement, at the shift times only subsequent instructors were involved in modifying the contract.

Expectations for supervision were also written into the learning contract; however it was expected that, as in all placements, students and field instructors would meet weekly at a minimum. Similarly, students and instructors determined whether and how long students would shadow their instructors, whether interviews would be taped, observed or process recorded, and how feedback would be offered to the student.

Student and field instructor engagement in the rotational model is more complex than in traditional placements in that students are required to engage with more than one instructor, and contact with each instructor is necessarily condensed. Thus the contracting meetings at the start of placement were an important vehicle for beginning the engagement process. Each instructor-student combination developed their relationship along the way; however the first instructor set an example of engagement for the student. Engagement and relationship in the rotational model differed from traditional placements, in that quicker engagement was required at the start, relationships had a shorter time span and came to an earlier end. They also demanded a steep learning curve, a faster pace and flexibility for both the student and instructor to handle the short, intense learning relationship demanded by the model.

While quick and intense working relationships may intimidate students and/or field instructors, they mirror the type of engagement typical in current hospital social work practice, which includes rapid assessments, brief and often crisis interventions and case management. The multiple beginnings and endings faced by social workers in hospitals also differ from the types of relationships typical of clinical casework carried out in

other social work settings. Traditional field instruction was built to simulate and teach about the longer term relationships more reflective of clinical practice, where a field instructor and student would have an academic year-long relationship (Wayne et al., 2010).

Evaluation in the rotational model required modification from the customary model used for other placements. Instead of completing mid-term and final evaluations, there was one formal written evaluation completed at the end of each rotation. Part of training of field instructors emphasized the ongoing nature of evaluation throughout the placement, rather than as an occurrence at the end. Therefore it was expected that informal evaluation would occur on a regular basis. There were two or three formal evaluations completed in the placement. In the first evaluation, all two/three instructors sat in. It was important for the second and third instructors to hear about students' growth and continued learning needs to provide for fluid connections between the rotations.

The pilot of the rotational model coincided with the introduction of a new online tool for student field evaluation (Regehr et al., 2011). This tool was shorter and less detailed than previously and better suited for the shorter rotational model. Narrative feedback summary and recommendations for further learning also facilitated the link between rotations.

Feedback on the rotational model

The model was evaluated using a process evaluation method, which examines the internal dynamics of a program with an emphasis on how an end result is produced, rather than just looking for a specific program effect (Patton, 1987). Process evaluation includes obtaining the thoughts and experiences of those who work in and around a program.

Evaluation of the model was carried out through key informant interviews carried out in groups with students and field instructors involved in the pilot. One group meeting with 10 students was jointly led by a staff member from the practicum office and a member of the planning group, representing the ATCC. The same individuals led two groups with field instructors, one with 10 instructors and the second with seven. Participants were asked to reflect on their experiences with the model, on its strengths and limitations and its utility for field instruction. With participants' consent, group interviews were taped and transcribed. The

transcriptions were summarized and themes were extracted relating to strengths, limitations and utility of the model for field instruction.

Instructor reactions to the rotation model varied. A majority of the field instructors welcomed the fit of the time commitment for hospital social workers, that it felt more manageable and less onerous for them, thus they could participate in field education rather than declining. A number of instructors were negative and discussed the conceptual change required, from a traditional long-term model to a truncated model. They realized they preferred the longer teaching relationship available in the traditional field model. Others expressed a middle ground position, preferring two rotations in one placement rather than three, allowing for breadth and variety and a slightly longer student-instructor relationship.

Several instructors identified the importance of the need for the model to fit both the teaching style of the field instructor and the learning style of the student. Instructors suggested that the ideal student for this model would be an independent self-starter, who is bright, confident, mature, flexible, motivated, able to cope with a fast pace, ready to jump in and start and end work quickly. They also felt that students needed sufficient information about the specific hospital program, as well as about the relevant medical conditions and their psychosocial impact, as part of the preparation to be able to handle the complexities of rotations. They also expressed that students should be well oriented to the pace of hospital social work and the type of social work service specifically offered in the programs where they are placed.

The amount students could learn in a short rotation concerned some instructors who worried about meeting university expectations and how to help students effectively link theory and practice in a telescoped time frame. Potential solutions included having clear guidelines for student learning outcomes for the end of their particular rotation and maintaining some level of involvement with the student and fellow instructors throughout the placement.

Field instructors described that the bulk of the orientation to the setting fell to the first rotational instructor, leaving that instructor with less time to address content issues. As many first year students are most insecure at the start of placement, the main focus on addressing insecurity and anxiety also fell to the first rotation. Some instructors also found that given the increased anxiety, students in first rotations were more highly dependent, needed more time shadowing their first instructor, and therefore did not engage in sufficient actual practice.

Field instructors and students appreciated the simplified, on-line evaluation tool. Once they were trained and gained some comfort in using it, they reported that it simplified the evaluation process and more closely resembled evaluations used by other allied health disciplines.

Finally, instructors described a need for a cohesive rotational team. There needs to be a good flow of communication among the rotation partners, awareness of each other's practice and teaching styles and a smooth 'hand-off' of the student from one rotation to another.

Overall, student feedback about the model was highly positive. Students particularly appreciated the broad exposure to the hospital setting, to the practice of medical social work and the practice of a number of clinicians. They enjoyed learning from field instructors who had different skills, teaching styles and expertise. An advantage described by some students was that if they did not get along with one particular instructor, there were two others who might be a better fit.

Discussion

Today's social work practitioners and educators face significant fiscal and human resource challenges, requiring a shift in the way field education is structured and delivered. As the number of schools offering social work programs and the number of students in these programs has increased, an urgent need has arisen to develop new approaches to field education. Further, these approaches have to take into account very limited resources in the practice community as well as reductions in the number of practitioners in the field (Lager & Robbins, 2004; Wayne et al., 2006).

This paper described the development and evaluation of a rotational model of field education in hospital settings. Feedback from field instructors and students who participated in the rotational model pilot was cautiously optimistic. This finding is very similar to feedback from previous pilots of the model described in the literature (Spitzer et al., 2001; Cuzzi et al., 1997). The model afforded practitioners interested in field instruction the opportunity to participate in a way that required a considerably reduced time commitment. It provided hospital-based placements that more accurately reflect the fast-paced and often changing demands inherent in hospital social work. It offered students placements with a greater breadth of learning and opportunities to be instructed by a number of social workers.

The success of the rotational model pilot was likely enhanced by the significant time committed to its development and implementation through a strongly collaborative partnership between field sites and the university. Social work education leaders in the placement sites were involved at all stages and their enthusiasm and support likely increased uptake by their instructors. The practicum office provided on-site training about the model and personally liaised with all instructors involved. Ongoing communication between the instructors in each rotation was encouraged and was noted to enhance student experience. This extra attention must be noted as important to and likely influencing the positive feedback about the pilot.

The rotational model raised a number of challenges for both instructors and students. For instructors it demanded a paradigm shift about the nature of field instruction. The traditional model of an academic year-long relationship between a student and field instructor may no longer be possible during times of shortage of resources. Instead of an all-or-nothing approach of either an academic year-long commitment to field instruction or no involvement at all, rotational placements offer a viable way to still be involved in field education and receive the intrinsic rewards of field instruction; which include influencing the training of future practitioners and staying current and connected to the teaching of social work (Wayne et al., 2006). For those instructors who want a longer contact with students, a rotational placement can be divided accordingly, with differing lengths of time in each leg of the rotation. This offers a middle ground which allows for breadth and variety as well as a shorter time commitment. However for instructors who highly value the relational aspects of field instruction or whose settings might not be well suited to undertaking such brief rotations, it may be best to continue involvement in the traditional placement model (Ornstein & Moses, 2010).

It is worth noting that the rotational model may not actually increase the number of placements in a setting. If instructors would have ordinarily taken students, their participation in a rotational placement would actually decrease the number of opportunities for placements in the settings since more instructors are involved in each placement. The model only increases placements when the participating field instructors would not have otherwise taken on students.

Rotational placements may not be suited to all students. Similar to feedback from past studies, instructors thought that this type of placement would be much more difficult for both students and instructors if the

student was struggling in any areas (Cuzzi et al., 1997). Field instructors noted the various qualities in students that lend themselves more to this model of placement, that is, bright, confident, flexible, mature, independent self-starters, who are comfortable with quickly jumping into work. As such, these placements may require the 'hand selection' of students who fit the previously noted descriptors. Students with less life experience, who are more anxious or shy in their disposition, may not be suited to the fast pace inherent in the model. Subsequent to this pilot it was found that some of the students suited for rotations and successful in these placements in fact went on to struggle in the next practicum. Those struggles centred on the relationship with the field instructor, for example struggling to form a positive working relationship and displaying resistance to feedback about their skill development. Upon reflection, it was recognized that rotational placements may not allow time to uncover issues of students who struggle with relational work.

Lessons learned

- The rotational model is feasible and in some cases preferable for field instruction in hospitals, in particular.
    - Establishing this model with field instructors requires recruitment, training and more extensive up-front preparation by the field office and the field.
    - Initiating a new model requires champions at centres to promote buy in.
    - Implementing a new model requires strong faculty-field partnership.
- New models of field instruction require development of new formats for contracting, engagement and evaluation.
- The rotational model works best for students who can 'jump in' quickly and cope with change.
- Bringing forward a new model requires a paradigm shift by field instructors.

Future directions for the model

Based on the success of this pilot with first year MSW students, rotations have been expanded to include second year MSW students. The second year placements have been limited to two rotations that changed over at mid-term, which occurs right after the December winter break. Placements have also expanded to include interagency rotations, with the first rotation taking place in one agency and the second in another, for example the first rotation in the trauma unit of an acute care hospital and the second rotation at a spinal cord rehabilitation program in a rehabilitation hospital setting. Plans are underway to have rotations that deal with the same medical issue, but take place at both paediatric and adult settings.

In conclusion, the value of implementing rotational placement models in social work field education in hospital settings has been clearly demonstrated by this pilot. There are a number of questions about the rotational placement model that require further study. These questions include: 1) does the model provide sufficient time for students to learn the requisite clinical skills; 2) does the model allow time for field instructors and students to identify and work on students' weaker clinical skills; and 3) how would the model address weaker students or students with difficulty? These issues will be important to plan for and evaluate in further piloting of the model.

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